



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR RETAIL NON-PHARMACY REGISTRATION

### INSTRUCTION SHEET

#### When to File

A retail business that is not licensed as a pharmacy may sell ***non-controlled prescription drugs designated for veterinary use*** in Delaware if:

- The business registers with the Board of Pharmacy ([24 Del. C. §2523 \(6\)](#)), and
- All such sales are authorized by a written order from a licensed veterinarian and the veterinarian's written order includes all information required for a written prescription.

For complete instructions on storage, security, dispensing, labeling, packaging, and recordkeeping, see Section 7.0 of the Board's [Rules and Regulations](#).

#### Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Retail Non-Pharmacy Registration](#).
  - All persons who will dispense prescription drugs must be at least 21 years old.
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose a copy of the plans for the business.
  - Plans must be drawn to scale and should show the area where prescription drugs will be dispensed, storage area, all entryways and security systems.
  - Plans must also show the type of alarm system installed and the name, address, and phone of the provider.
- ☐ Enclose a copy of the [business license](#) from the Delaware Division of Revenue.
- ☐ Submit a sample label that meets the requirements of Delaware law at [24 Del. C. §2522](#) and all other applicable federal and state regulations. The label must include:
  - Prescription number
  - Date prescription is dispensed
  - Patient's full name (e.g., animal name) and animal owner name
  - Brand or established name and strength of the drug to the extent that it can be measured
  - Veterinarian's directions as found on the prescription
  - Veterinarian's name
  - Name and address of the dispensing non-pharmacy retail outlet

#### Inspection Requirement

In addition to meeting all the requirements above, the dispensing area of the business must be inspected before opening. A representative of the business ***must notify the Board office*** when the area is ready for inspection. When the business passes the final inspection, the Board office will issue the license.



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## APPLICATION FOR RETAIL NON-PHARMACY REGISTRATION

### LOCATION AND CONTACT INFORMATION

1. Business Name: \_\_\_\_\_  
*Enter name as it appears on business license.*

2. Name of Proprietor Company (if different): \_\_\_\_\_

Enclose a copy of the [business license](#) from the Delaware Division of Revenue.

3. Address of Business's **Physical Location**: \_\_\_\_\_  
Street (**no PO Box**)

\_\_\_\_\_ DE \_\_\_\_\_  
City State Zip

4. **Mailing Address** of Business (if different): \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

5. Name of Person in Charge: \_\_\_\_\_ ☐ Owner ☐ Manager ☐ Other

6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Email: \_\_\_\_\_

### INFORMATION ABOUT PERSONS DISPENSING PRESCRIPTION DRUGS

8. Enter this information about of **all** persons who will dispense prescription drugs at the business above. (If you need more room, attach a separate sheet.)

FULL NAME	BIRTH DATE (mm/dd/yyyy)

9. Do you agree to report any change in the persons listed above ***in writing*** within ten days of the change?  
Yes ☐ No ☐

### INFORMATION ABOUT BUSINESS PREMISES & OPERATION

10. Business Operating Hours:      Weekdays      \_\_\_\_\_ A.M. to \_\_\_\_\_ PM  
   Saturday      \_\_\_\_\_ A.M. to \_\_\_\_\_ PM  
   Sunday      \_\_\_\_\_ A.M. to \_\_\_\_\_ PM  
   Holidays      \_\_\_\_\_ A.M. to \_\_\_\_\_ PM

11. Will all prescription medications be stored at the location address above? Yes ☐ No ☐
12. The area in which drugs requiring storage a room temperature are stored must be accurately monitored using control devices to maintain room temperature between 59° and 86° Fahrenheit. Does the business have sufficient environmental control (i.e., lighting, ventilation, heating, and cooling) to maintain the integrity of drugs and devices? Yes ☐ No ☐
13. Refrigerators and freezers (where required) where drugs requiring refrigeration are stored must be maintained at the USP/NF range: Refrigerator – 36 ° to 46 ° Fahrenheit; Freezer – minus 4 ° to plus 14 ° Fahrenheit. Does the business have suitable refrigeration with monitoring device? Yes ☐ No ☐
14. When dispensed, prescription medications must be labeled in accordance with the requirements of Delaware law at [24 Del. C. §2522](#) and all other applicable federal and state regulations. Do you understand these requirements and certify that all persons who dispense medications at this business will adhere to them? Yes ☐ No ☐

**Submit a sample label that meets the requirements of Delaware law at [24 Del. C. §2522](#) and all other applicable federal and state regulations.**

15. Prescription drugs must be secured in a manner to prohibit access by unauthorized person and self-service display of prescription veterinary drugs is prohibited. Describe what provisions have been made for the security of prescription drugs, including during any periods of time when no one is available to dispense: \_\_\_\_\_

16. Does the business have an alarm system installed? Yes ☐ No ☐

**Enclose a copy of the plans, drawn to scale, for the business showing the area where prescription drugs will be dispensed, storage area, all entryways and security systems. Include type of alarm system installed and the name, address, and phone of the provider.**

17. Section 7.8 of the Board's [Rules and Regulations](#) explains the recordkeeping requirements related to prescription veterinary drugs purchased, stored and dispensed by non-pharmacy retail businesses. Do you certify that you have read the requirements and will comply with them? Yes ☐ No ☐

**When your application is complete, please allow 4-8 weeks to receive your registration. A complete application is one that includes all required documentation and correct payment.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.**

#### **AFFIDAVIT**

I hereby swear or affirm under penalty of perjury that all the foregoing information and statements are true and correct to the best of my knowledge and belief. I hereby further agree to abide by the pharmacy laws of the State of Delaware.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**State:** \_\_\_\_\_ **County:** \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

**Notary Public:** \_\_\_\_\_

My commission expires on \_\_\_\_\_

SEAL

**APPLICATIONS THAT ARE NOT SIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**